

It has been difficult to offer affordable health insurance options for part-time employees, or for any category of employee who wants to provide dependent / family coverage.

At present, we have 145 FTE's employees, with a total number of 204 on the payroll. Many of the part-time employees are Head Start employees. We do allow them to pay for 12 months coverage over the 9 months they are working, but while this allows them seamless coverage over the summer months, it increases the cost per pay period for employees who can be traditionally at the bottom of the pay scale.

We offer 2 traditional plans, both pay identically, but one has a \$1000 deductible, the other has a \$15000 calendar year deductible. Dental for the full-time employee with single coverage is included in the cost for single and is from the same carrier as the health insurance. Dependent coverage can be purchased for both health and dental. The dependent cost is tiered 4 ways: Single; Single / Spouse; Single / Child(ren); and Full Family. The office co-pay is \$25 a visit, and the prescription cost is \$15 / \$35 / \$50. The dental has a \$50 per calendar year deductible, but 2 regular check-ups and cleaning are allowed 2x per year without cost.

UDMO pays \$365 for each health contract, whatever the tier, and whatever the employee has chosen.

Over the past 5 years the office co-pay as well as the prescription allotments, have increased. Deductibles have also increased substantially in that time. Some of those increases have of course been passed through to the employee. We don't like to do this, but it is necessary in order to continue to provide health coverage.

We use different techniques to be able to make sure that employees and their families have affordable health care. Some of them are as follows:

- 1) Every attempt is made to have a one-on-one conversation with employees annually concerning health benefits. When it is apparent that employees cannot afford dependent coverage, they are given Hawk-1 brochures, names of independent insurance agents, and referred to whatever source is necessary. It is very hard for people to work hard all year and then not be able to provide health / dental coverage for their family. It is discouraging and negative in nature.
- 2) We are constantly seeking new benefits to offer to employees, and health care is certainly at the top of the list. At the annual renewal time, we try to bargain to get the most health care we can for the least amount of agency expenditure.
- 3) As a member of the state CAA HR group and an active SHRM member, I am constantly seeking new and innovative ways to look at insurance benefits and costs.

We are in our 3rd carrier in the past 6 years. It seems we constantly switch back and forth between Principal and Wellmark, but this change is necessary in order to get the most for our money.

It would be great if the non-profit CAA agencies could pool resources and numbers to ultimately provide less expensive benefits to our employees. Such an endeavor will only be possible if we could pool numbers which will give us a bigger group, thus more bargaining power.

Please let me know if you need additional information.

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